

CDBG BENEFICIARY SURVEY FORM

The _____ (applicant) intends to apply to the Alabama Department of Economic and Community Affairs for a Community Development Block Grant to _____ (project description).

In order to determine if this project meets eligibility criteria, the following information must be obtained from a representative sample of proposed beneficiaries.

Name/Address of Occupant _____
 Name of Person Giving Information _____

Survey Map Reference Number _____ Homeowner _____

Number of Persons in Household _____ Tenant _____
 Female Headed Household _____ Yes _____ No
 Number of Handicapped Persons in Household _____

Is the Ethnicity of this
 HH Hispanic or Latino?
 _____ Yes _____ No

Race of HH
 White _____
 Black/African American _____
 Asian _____
 American Indian/Alaskan Native _____
 Native Hawaiian/Other Pacific Islander _____
 Am. Indian/Alaskan Native and White _____
 Asian and White _____
 Black/African American and White _____
 Am. Indian/Alaskan Native and Black _____
 Other Multi-Racial _____

Household Size	1 person	2 person	3 person	4 person	5 person	6 person	7 person	8 person
Very-Low Income	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____	\$0 to \$_____
Low Income	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____
Moderate Income	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____	\$_____ to \$_____
High Income	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____	Over \$_____

 Surveyor's Signature

 Date